



FILED

04 DEC -2 PM 12:55

**INDEPENDENT/POLITICAL
COMMITTEE COVER PAGE**

CAROL ANN SABAUGH
MACOMB COUNTY CLERK
MICHIGAN

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper

3. This Statement covers From: 10 18 04 To 11 22 04
Mo Day Year Mo Day Year

1. Committee I.D. Number 13700850

4. Committee's Mailing Address 39295 RIVERCREST
HARRISON TWP, MI. 48045

Area Code and Phone (586) 465 1595

2. Committee Name CITIZENS FOR
RESPONSIVE + ETHICAL GOV.

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address

JAMES ULINSKI
39295 RIVERCREST
HARRISON TWP, MI 48045

(586)
Area Code and Phone 465 1595

6. Treasurer's Business Address

7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)

Area Code and Phone

Area Code and Phone SAME AS ABOVE

8. TYPE OF STATEMENT:
APPLICABLE TO INDEPENDENT AND POLITICAL
COMMITTEES REGISTERED ON STATE LEVEL

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES REGISTERED
ON COUNTY LEVEL

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES REGISTERED
ON
STATE AND COUNTY LEVEL

8a. TRIANNUAL STATEMENTS

Even Year Odd Year
 April 25 January 31
 July 25 July 25
 October 25 October 25

8d. ANNUAL STATEMENT
(_____ Coverage Year)
8e. PRE-ELECTION OR
8f. POST-ELECTION

8g. AMENDMENT TO CAMPAIGN
STATEMENT
(Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h
to indicate which Statement is being
amended)

8b. QUARTERLY STATEMENTS

CAUCUS COMMITTEES (ONLY)
 January 31 April 25
 July 25 October 25

Pre-Election or Post-Election
Statement relates to:
 PRIMARY GENERAL
 CONVENTION SCHOOL
 SPECIAL CAUCUS

8h. DISSOLUTION OF COMMITTEE
Effective Date of Dissolution

Month Day Year

8c. SPECIAL ELECTION INDEPENDENT
EXPENDITURE REPORT

Date of Election, Convention or Caucus:
NOV 2 2004
Month Day Year

By checking this item, I/We certify that the
committee has no asset or outstanding
debts, including late filing fees. Further, I
request that if the dissolution cannot be
granted, that this be considered a request for
the Reporting Waiver.

Note: The disposition of residual funds must
be reported on Schedule 2B and the
Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6 or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record Keeper JAMES ULINSKI
Type or Print Name

Signature

Date 12 1 04
Mo Day Year



1. Committee I.D. Number 13700850
 2. Committee Name CITIZENS FOR RESPONSIVE + ETHICAL GOVERNMENT

**SUMMARY PAGE
INDEPENDENT OR POLITICAL COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative for Calendar Year
3. Contributions		
a. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8)	(3a.) \$ <u>350</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>350</u>	(18.) \$ <u>2366.08</u>
4. Other Receipts (Schedule 2A-1, Column 6)	(4.) \$ <u>0</u>	(19.) \$ <u>0</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4)	(5.) \$ <u>350</u>	(20.) \$ <u>2366.08</u>
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized (Schedule 2-1K, Column 7)	(6a.) \$ <u>616</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>NOT APPLICABLE</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ <u>616</u>	(21.) \$ <u>5316.59</u>
EXPENDITURES		
8. Expenditures		
a. Itemized Direct (Schedule 2B, Column 7)	(8a.) \$ <u>0</u>	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)	(8b.) \$ <u>0</u>	
c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)	(8c.) \$ <u>0</u>	
d. Unitemized (less than \$50.01 each - no Schedule)	(8d.) \$ <u>0</u>	
e. Subtotal of Expenditures	(8e.) \$ <u>0</u>	(22.) \$ <u>3496.00</u>
9. Independent Expenditures (Schedule 2B-1, Column 7)	(9.) \$ <u>0</u>	(23.) \$ <u>0</u>
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>0</u>	(24.) \$ <u>3496.00</u>
IN-KIND EXPENDITURES		
11. In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)	(11.) \$ <u>0</u>	(25.) \$ <u>0</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 2E)	(12a.) \$ <u>864</u>	
b. Owed to the Committee (Schedule 2E)	(12b.) \$ <u>-</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>68.08</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) + <u>0</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>0</u>	
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)	(16.) - <u>0</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>418.08</u>	

*If your ending balance is negative, please recheck your math.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number 13700850
2. Committee Name CIT. For RESP. + ETH. GOV.

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).	6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>OCT 22, 2004</u> Name: <u>MARLONE SESSA</u> Address: 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	100. ⁰⁰	
<p>3. Contribution # 2 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>OCT 22, 2004</u> Name: <u>SHARON ALTER</u> Address: <u>38641 HAZEL HARRISON TWP, MI. 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	100. ⁰⁰	
<p>3. Contribution # 3 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>OCT 30, 2004</u> Name: <u>ARON CHARTIER</u> Address: <u>565 KIRTS BLVD. TROY, MI. 48084</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>CLERK</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	150. ⁰⁰	
<p>3. Contribution # 4 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		
<p>Page Subtotal Grand Total of All Schedules 2A (Complete on last page of Schedule)</p>	350	
350	Enter this total on line 3 of Summary Page	



**ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 2-IK
INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I. D. Number 13700850
2. Committee Name CT FOR RESP + ETH GOV.

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from another Political Committee or Independent Committee (Both are commonly called PACs).	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Calendar Year (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> YES Name: <u>JAMES ULINSKI</u> Address: <u>39295 RIVERCREST HARRISON TWP, MI</u> If over \$100.00 cumulative, please provide: Occupation: <u>ELECT PROJ. ENG.</u> Employer: <u>KINETIC AUTOMATION</u> Business Address: <u>FARMINGTON HILLS</u> <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others- LOAN Description <u>ADVERTISEMENT</u> 5. DATE OF RECEIPT: <u>10-27-04</u> 6. VENDOR NAME & ADDRESS: _____ <u>C & G NEWS. WARREN, MI.</u>	<u>616.00</u>	<u>864.00</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> YES Name: Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others- LOAN Description _____ 5. DATE OF RECEIPT: _____ 6. VENDOR NAME & ADDRESS: _____ _____		
Contribution # 3 PAC Receipt? <input type="checkbox"/> YES Name: Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others- LOAN Description _____ 5. DATE OF RECEIPT: _____ 6. VENDOR NAME & ADDRESS: _____ _____		

Page Subtotal
Grand Total of all Schedules 2-IK
(Complete on last page of Schedule)

<u>616.00</u>
<u>616.00</u>

Enter this total on line 6a of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS
SCHEDULE 2E
POLITICAL OR INDEPENDENT COMMITTEE**

1. Committee I.D. Number 13700850

2. Committee Name C.T. FOR RESP + ETH. GOV.

This Schedule itemizes:

a. Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Indicate type) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES ULINSKI</u> <u>39295 RIVERCREST</u> <u>HARRISON TWP, MI</u> If bank loan, name of endorser or guarantor:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> <u>10-27-04</u> 6. <u>Original Amount of Debt:</u> <u>\$ 616.00</u>	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	<u>0</u> Amount Endorsed: \$	<u>616</u> <input type="checkbox"/> FORGIVEN
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JAMES ULINSKI</u> <u>SAME AS ABOVE</u> If bank loan, name of endorser or guarantor:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> <u>6/23/04</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1248</u>	<u>815104 \$ 1000</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	<u>1000</u> Amount Endorsed: \$	<u>248</u> <input type="checkbox"/> FORGIVEN
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: _____ _____ _____ If bank loan, name of endorser or guarantor:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u> <u>11 \$</u>	Amount Endorsed: \$	<input type="checkbox"/> FORGIVEN

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 2E

(Complete on last page of Schedule showing amounts owed by or to the committee.)

<u>864</u>
<u>864</u>

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Page 3 of _____

Enter this total on line 12a "owed by", or line 12b "owed to" of the Summary Page